



# Odyssey Charter School

About My Child

2018-2019

Student's Name: \_\_\_\_\_ Name to be called at school: \_\_\_\_\_

Home phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child wear glasses? yes \_\_\_ no \_\_\_ Carpool (Number/Color): \_\_\_\_\_

This child is (right) (left) handed. \_\_\_\_\_

This child is # \_\_\_ out of \_\_\_ brothers and sisters.

This child has \_\_\_ older sisters, \_\_\_ older brothers, \_\_\_ younger sisters, and \_\_\_ younger brothers.

Does your family have internet access at home? yes \_\_\_ no \_\_\_

Parent (or Guardian) email addresses: \_\_\_\_\_

If my child needs to reach me while at school, he/she should call the following number(s):

\_\_\_\_\_

Describe your child's allergies, food restrictions, and/or list medications your child takes:

\_\_\_\_\_

\_\_\_\_\_

At school, my child most enjoys:

\_\_\_\_\_

Academically, I would like to see my child work on:

\_\_\_\_\_

Socially, I would like to see my child work on:

\_\_\_\_\_

What should your child's teacher know about your child to best meet his/her needs?

\_\_\_\_\_

\_\_\_\_\_